## THE DISTRICT OF COLUMBIA

## TASK FORCE ON EMERGENCY MEDICAL SERVICES



## **TESTIMONY**

OF

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**THURSDAY, MAY 24, 2007** 

THE JOHN A. WILSON BUILDING

Good afternoon, Mayor Fenty and distinguished members of the Task Force on Emergency Medical Services. I am Beverly Pritchett, Senior Deputy Director for the Department of Health's, Health Emergency Preparedness and Response Administration, otherwise known as HEPRA. I thank you for the opportunity to address this Task Force, which has been entrusted with making recommendations to address the challenges facing the Emergency Medical Services system in the District of Columbia.

From HEPRA's perspective, my testimony today as a guest of this body, rather than as a member of the Task Force, is an important threshold issue, and is indicative of the processes by which Emergency Medical Services have been addressed in the District of Columbia in past years. If I may, let me tell you a little bit about HEPRA.

HEPRA has a two-fold mission; our functions encompass both a state oversight role and the operational response role of a local health department. As the State Emergency Medical Services Agency for the District, our first mission is to plan and coordinate timely delivery of ongoing emergency services through regulatory guidance and oversight. In this role, it is HEPRA who has the legal authority to certify Emergency Medical Service providers and to license ambulances. We are

required to provide regulatory oversight of the entire EMS system, including the Fire and Emergency Medical Services Department as well as the commercial ambulance companies. HEPRA's other key mission, as the District's Health Emergency Preparedness agency, is to plan for and respond to city-wide medical emergencies, such as those resulting from terrorist attacks or accidents that result in a large number of casualties. The combination of those two roles is intended to provide a safety net for the city's residents both in daily operations and in times of crisis.

Since the development of the District of Columbia's Emergency Medical Services in 1972, oversight of the system has been a mandate of the agency which is now the Department of Health. Unfortunately, this fact is largely unknown. In the District of Columbia, there is only one entity tasked with 9-1-1 medical emergency response: the Fire and Emergency Medical Services Department. So, to most people, EMS is the responsibility of that Department. In actuality, though, the regulatory guidance and oversight function is legally within the Department of Health.

In June of 2006, the Office of the Inspector General provided a Special Report on the Emergency Response to the Assault on Mr. David Rosenbaum that occurred in

January of 2006. If I maybe permitted to paraphrase, the OIG made the following key recommendations for improvement within the DC Fire and EMS Department:

- ➤ Ensuring that all EMT personnel are properly qualified and certified prior to going on duty;
- ➤ Ensuring that advanced level emergency medical care and oversight is performed by advanced level EMT personnel;
- ➤ Ensuring that a system of quality assurance is in place, through implementation of an appropriate program of continuing education and training, and rigorous and independent evaluation, for all EMT personnel; and
- ➤ Further ensuring the effectiveness of the quality assurance system, by implementation of a meaningful disciplinary program for all EMT personnel.

I believe that HEPRA has an integral role to play in the development and implementation of the systemic improvements sought by this Task Force. Just as

DC Fire and EMS must strive to improve its internal policies and procedures, we at HEPRA must create a strong and enforceable regulatory system for the oversight of all EMS services within the District of Columbia.

We acknowledge that our EMS regulations are outdated and inadequate. The current statute is overly prescriptive. What we need is an enabling statute. The rules lack the specificity necessary to allow us to provide meaningful oversight, and we are unable to effectively enforce them. I am glad to report that we are now in a position to change that. Through the efforts of the Attorney General and the Department of Health General Counsel, a senior attorney with significant regulatory experience has been assigned to work directly with me, with her first priority being the creation of effective enabling statutes and rules for EMS. I intend to develop, as expeditiously as possible, new regulations for Emergency Medical Technicians, and for Ambulance Services, that will be state of the art, enforceable, and will contain best practices as applied to an urban setting such as the District of Columbia. I plan to include the following items, intended to achieve District-wide the outcomes underlying the OIG's recommendations:

➤ Rules mandating specific education, practical training, and satisfactory test performance in order to be lawfully assigned to work in an EMT capacity;

- ➤ Rules mandating ongoing professional education and /training for EMTs, as well as periodic recertification testing, both written and practical, administered by independent entities, with successful passage of this testing being a prerequisite to renewal of certification;
- ➤ Rules establishing a fair and effective enforcement system, including sanctions for unacceptable performance and deliberate malfeasance, and providing standards and processes for revocation of EMT certification in appropriate cases; and
- ➤ Rules requiring that all EMS provider entities, including DC FEMS, to provide routine reporting on quality of care issues to the Department of Health.

In furtherance of this important public health effort, I ask that you consider the following recommendations and requests:

- ➤ First, the Department of Health asks for your assistance and support in the development and implementation of new EMS Laws and Regulations for the District of Columbia.
- Next, we ask in advance for your continuing support and assistance, as we establish and implement our new EMS regulatory program, to ensure that HEPRA is appropriated sufficient funds and personnel resources to properly carry out our regulation and oversight mission.
- And, last, we ask that we be afforded a meaningful place at the table as this

  Task Force goes forward with making recommendations for the future of the

  EMS system in the District of Columbia.

On behalf of Department of Health, I applaud you, Mayor Fenty, and this entire EMS Task Force, for your leadership and commitment to furtherance of the safety of the residents, workers and visitors of the District of Columbia. This concludes my written testimony. I am available to answer any questions you may have at this time.